



APPLICATION FOR UTILITY

Residential Account	Name	Change Only	/2 Hour Account
Date to Open Account:		Account Number:	
Name:			Gender
		's License or ID:	
Date of Birth:	Home Phone:	Work Pho	ne:
Ca. Amalianas			Condon
		1 I. ID	
		er's License or ID:	
		Work P	
Do you rent () or own () La	ndlord's Name:		Phone:
Service Address:			
Water Deposit Amount: <u>\$150</u>		ion Fee: <u>\$ 20.00</u> Amount	
Payment Method: Cash		Card Type:	. 1 aiu.
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Check #	Bank		
Commercial		Date to Open Account:	
Name of Company or Business: _			
		Social Security#:	
		Phone Number:	
Service Address:			
Water Deposit Amount:			Amount Paid:
	Credit Card	Card Type:	
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UTILITY SERVICE, WITH A ONE FIVE HUNDRED DOLLAR (\$500.	HUNDRED FIFTY DO 00) MINIMUM DEPOS E UTILITY BILLING	HALL BE EQUAL TO AN ESTIMATE LLAR (\$150.00) MINIMUM DEPOSIT SIT FOR COMMERCIAL SERVICE. CLERKS OR HIS OR HER AUTHO MENT IS NOT AVAILABLE.	FOR RESIDENTIAL SERVICE OR THE AMOUNT OF THE DEPOS
Applicant Signature	Date	Co-Applicant Signature	Date
Water Department Approval	Date	Do you wish your personal information	on to be confidential? Yes No